

Rehabilitation Protocol

Massive Rotator Cuff Repair

Frank B. Norberg, MD
Kayla Brown, PA-C
Georgia Muelken, PA-C
Office: (952) 946-9777
Fax: (952)-946-9888

Post-op appointments: 1 WEEK, 5 WEEKS, 10 WEEKS, 16 WEEKS

PHASE I (WEEKS 0-4) PROTECTION PHASE – HOME EXERCISES

Immobilization:

- Sling immobilization with supporting abduction pillow to be worn at all times except for showering and exercises as instructed at first post operative visit at 1 week. Massive cuff repairs will be in the immobilizer for 6 weeks but will start therapy at 4 weeks.
- Sleep with sling on

Range of Motion:

- Goals 120 degrees forward flexion or 80% of uninvolved shoulder, 30 degrees external rotation with elbow at side.

Therapeutic Exercise:

- No canes or pulleys during this phase
- Elbow/wrist/hand ROM and grip strengthening
- Isometric scapular stabilization
- Codman exercises/pendulums (patient basis)

Cardiovascular Fitness:

- Stationary Bike
- Walking

Modalities

- Ice after PT (PRN)

PHASE I (WEEKS 4-8)

Immobilization:

- Discontinue sling immobilization at week 6

Range of Motion:

- **4-6 WEEKS:** Gentle passive stretch to reach ROM goals from Phase I
- **6-8 WEEKS:** Begin AAROM to AROM as tolerated. Focus on proper scapular mechanics

Therapeutic Exercise:

- **4-6 WEEKS:** Begin gentle AAROM exercises, continue with phase I exercises
- **6-8 WEEKS:** Progress to AROM. Begin biceps strengthening if tenodesis was performed.

Cardiovascular Fitness:

- Stationary Bike
- Walking
- Jogging 6-8 weeks

Modalities:

- Heat/Ice

Progression:

- Patient can actively demonstrate 80% of motion as compared to uninvolved shoulder

PHASE III (WEEKS 8-12)

Range of Motion:

- Progress to full AROM without discomfort

Therapeutic Exercise

- Continue with scapular strengthening
- Progress AROM without weight and use visualization techniques/mirrors with proper scapular mechanics
- Begin Isometric strengthening at 10 weeks for Flex, Abd, IR, ER (focus on cuff activation)
- Stretch posterior capsule at end of Phase III as needed.
- Light shoulder mobilization (grade II) can be used as needed if patient is not regaining motion.

Progression:

- Progress to Phase IV when patient can demonstrate proper shoulder mechanics with scapulo-thoracic rhythm and humeral head depression with cuff activation. If patient has a shoulder hike continue to focus on joint mobilization, capsular stretching to

regaining motion before progressing with strengthening. Continue with AROM with resistance.

PHASE IV (MONTHS 3-6)

Range of Motion:

- Full without discomfort

Therapeutic Exercise

- Advance strengthening as tolerated: begin with isometrics and progress to light weights (1-2lbs). Incorporate PNF/Dynamic/Functional movements in later progression. Therabands can be used when full ROM is achieved during the exercise.

Cardiovascular Fitness

- PT/Patient discretion

Modalities

- As needed